DOCUMENT RESUME

ED 221 779 CG 016 205

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TITLE A Needs Assessment of Older Persons.
PUB DATE Nov 81
NOTE 20p.; Paper presented at the Joint Annual Meeting of the Scientific Gerontological Society (34th) and the Scientific & Educational Canadian Association on Gerontology (10th), (Toronto, Ontario, Canada, November 8-12, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Crime; Fear; Gerontology; Information Sources; *Life Satisfaction; *Needs Assessment; *Older Adults; Physical Health; *Predictor Variables; Psychological Needs; Transportation; *Well Being
IDENTIFIERS *North Carolina (Charlotte)

ABSTRACT

In response to a request from the Charlotte-Mecklenburg Council on Aging, structured interviews were conducted with a random sample of 388 older persons in Charlotte, North Carolina, to assess their needs in the areas of health, transportation, housing, nutrition, information referral, and social participation. A substantial proportion of those sampled expressed at least some degree of need in each of these areas, with needs for better transportation, better information referral, and freedom from fear of crime predominating. Four factors were especially predictive of high life satisfaction: (1) self-perceived good health; (2) self-perceived financial adequacy; (3) feelings of safety in one's neighborhood; and (4) seeing or talking to people as often as desired. The findings appear to be consistent with those of other similar needs assessments. (Author/JAC)

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ED221779

A Needs Assessment of Older Persons

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An earlier version of this paper was presented at the Annual Scientific Meeting of the Gerontological Society of America. Toronto, Canada, November, 1981.

Running Head: Needs of Older Persons

Key Words: Needs assessment, older persons

CG 016205

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A Needs Assessment of Older Persons in Charlotte, North Carolina

In May of 1980, the Charlotte-Mecklenburg Council on Aging contacted the Institute for Urban Studies and Community Service of the University of North Carolina at Charlotte about the possibility of conducting a needs assessment of citizens aged 60 and above. The Institute agreed to provide a survey of 388 older adults who were to be interviewed in person. A faculty team was selected to draft a questionnaire containing questions about the needs of older persons in Charlotte, specifically focusing on the areas of health, transportation, housing, information referral, social participation, and nutrition. This draft questionnaire relied heavily on questions contained in the OARS Multidimensional Functional Assessment Questionnaire (1978) and The Temple University Institute for Survey Research Study of Mature People (1974). After consultation with the Needs Assessment Subcommittee of The Council on Aging, changes were made to reflect specific interests and concerns of the Council. The questionnaire was then pretested and final revisions were made. The survey went into the field on the first of November, 1980, and was completed by the first of December.

Selection of the Sample

Telephone numbers were randomly drawn from directories provided by Charlotte area telephone companies. These numbers were called, and if any person aged 60 or above resided in the household, that person's name, address, and phone number was given to the Institute's field interviewers who personally visited the person to arrange an appointment for the interview.

Field interviewers were given training for the survey by the Urban Institute staff. All interviewing was done in the respondents' homes. Each interview took about 40-50 minutes.

The best population data available for purposes of sample comparison are found in a projection provided by the Division of State Budget and Management of the North Carolina Department of Administration. According to the projection, there were 46,826 persons aged 60 or above in Charlotte and Mecklenburg County as of April 1980. Our sample very closely approximated the profile of the projection for age, race and sex. The youngest and oldest age groups (60-64 and 85+) were undersampled slightly: the youngest because they are not retired and the oldest because they are more difficult to locate (because of being institutionalized, bedridden, or in very poor health, etc.). The sample size of 384 persons yielded a potential sampling error of $\pm$5% at the 95% confidence level.

Plan for Data Analysis

The Council on Aging was particularly interested in examining the needs of older persons in Charlotte-Mecklenburg with reference to age, poverty level, and geographical area of residence. Accordingly, the Council was provided with breakdowns of all obtained data along these three dimensions.

Three age groups were defined: 60-64 (85 persons sampled); 65-74 (186 persons sampled); and over 75 (113 persons sampled). Poverty levels were defined using the U.S. Census Bureau's 1980 Estimated Poverty Levels. These levels were based on 1979 official census data, adjusted for the 1980 Consumer Price Index. According to this estimate, the poverty level for one person was $4,190 per year, and the poverty level for two persons was

$5,360 per year. In our data analysis, the poverty level was defined as above or below $4,000 per year for one person and above or below $5,000 per year for two or more persons. Based on these criteria, 30% (n=95) of the persons sampled were below the poverty level and 70% (n=225) were above the poverty level.

Four geographical areas were defined based upon the Council's need to obtain specific information regarding somewhat diverse areas of Charlotte: Center City (a total of 78 persons sampled from zipcodes 28202, 28203, 28204, 28206, 28207), West (87 persons sampled from zipcodes 28130, 28208, 28214, 28216); East (101 persons sampled from zipcodes 28031, 28036, 28078, 28205, 28212, 28213, 28215); and South (122 persons sampled from zipcodes 28105, 28134, 28209, 28210, 28211). The Center City area was included because of the Council's particular concern for determining the needs of older citizens in the central part of the city. Boundaries for the other three areas were then selected using the criteria of equal division of the sample size, compactness of the district, and homogeneity of income.

The majority of persons sampled in the Center City area (59%) fell below the poverty level. In the West geographical area, 39% were below the poverty level, and in the East and South areas, comparatively few persons fell below the poverty level (22% and 12%, respectively). As expected, the percentage of persons below the poverty level rose dramatically with age, so that while 18% of those between the ages of 60 and 64 fell below the poverty level, almost half (48%) of those over age 75 were below this level.

Assessment of Need

The questionnaire contained questions about the needs of older persons

in the areas of health, transportation, housing, informational referral, and nutrition. Each of these major areas of interest was investigated by means of several different questions addressing specific needs relevant to each area. Most of these questions were drawn either from the OARS Multidimensional Functional Assessment Questionnaire (Multidimensional functional assessment, 1978) or the Temple University Study of Mature People (1974), although some questions were included to address specific concerns of the Council on Aging. The assessment strategy was to report two types of data to the Council: (1) Percent expressing need on each specific question, and (2) Percent expressing need on at least one of the specific questions in each area. These latter data constituted the estimate of overall need in each major area of investigation; i.e., they represented the number of persons experiencing at least one need in each area.

Health

Eight specific questions measured need for health related services. As Table 1 indicates, relatively small percentages of the sample expressed each specific need. In order to assess how widespread the need for health related services was in the sample, the number of persons who expressed at least one health related need was calculated. Table 2 reveals that approximately 19% of those sampled expressed at least one health related need.

Two additional measures contained in the questionnaire provided information related to the need for health related services. The OARS Activities of Daily Living questions (Multidimensional functional assessment, 1978) provided an indication of the number of persons who had

difficulty performing the routine tasks required for daily living (e.g., eating without help, handling one's own money, dressing oneself, etc.). Fifteen such activities were investigated. While the percentage of the sample expressing inability to perform any individual activity was small (e.g., 4% unable to prepare any meals; 5% unable to do any shopping; 8% unable to do any housework), 15% of those sampled were unable to perform at least one of the routine Activities of Daily Living (Table 2).

Two questions assessed self-perceived health: "How would you rate your health overall" and "Do you think your health is better, the same, or worse than most people your age." Sixty percent of those sampled rated their health as good or excellent and 70% considered their health better or the same as most people their age. Thirty-nine percent of those sampled rated their health as worse than most people their own age or felt that their health was only fair or poor.

Transportation

Twelve questions distributed throughout the survey asked respondents why they were unable to take advantage of a specific service or to participate in a desired activity. Table 3 contains the percentage of persons who listed transportation problems as the principle impediment. One general question asked if respondents felt they needed transportation more often than it was available. Approximately 17% of the sample expressed this general transportation need. In order to assess how widespread the need for transportation was in the sample, the number of persons who expressed at least one (general or specific) transportation need was calculated. Table

2 reveals that 29% of those sampled expressed at least one transportation need, and that the need was greatest for persons over age 65.

Housing

Several questions were designed to investigate the housing characteristics and needs of those sampled. Overall, 66% of those sampled lived in their own homes although the percentage of homeowners declined with age. Sixty-nine percent of those sampled had lived in their neighborhood for more than 10 years and only 17% had lived there less than 5 years. Twenty-nine percent of those sampled lived alone, ranging from 18% of 60-64 year olds to 41% of those over 75 years.

Two questions assessed self-perceived need for better housing. Four percent of those sampled disliked their neighborhood and 11% felt that they needed a new place to live. Overall, 12% either disliked their neighborhood or felt that they needed a new place to live. This figure constituted our assessment of self-perceived need for different housing.

Three questions investigated preferences regarding types of housing. The majority of those sampled (65%) preferred to live near persons of mixed age groups, while 15% preferred "adults only" communities, and 16% preferred environments restricted to persons over age 60. Preference for senior-only housing increased (8%-23%) with age. Most persons (73%) preferred garden-type apartments to hi-rise apartments, and most persons (67%) would consider a nursing home only when they could no longer care for themselves or as a last resort.

Seven questions investigated real and perceived safety from crime (Table 4). Forty-three percent of those sampled expressed concern about

safety from crime on at least one of these questions. While most persons (93%) felt safe in their neighborhoods during the day, only 59% felt safe at night. Forty-nine percent stated that they leave their homes after dark only about once a month or less.

Information Referral

Eight questions isolated individuals who did not know about or did not know how to obtain specific services available to them (e.g., meal programs, legal services, food stamps, Medicare). In order to assess how widespread the need for Information Referral Services was in the sample, the number of persons who expressed at least one need on these 8 questions was calculated. Overall 22% of those sampled expressed a specific information referral need.

In addition to persons who expressed a specific Information Referral need, a substantial number of persons expressed needs which could potentially be reduced by good Information Referral Services (e.g., landlord problems, problems with city/county services, problems finding help with small repairs, etc.). A more broadly defined estimate of need for Information Referral services was obtained by calculating the number of persons who expressed at least one specific or general need. Approximately 46% of those sampled were found to have needs for which better Information Referral services would probably be beneficial.

Nutrition

Six questions measured the nutritional adequacy of respondents' eating habits (Table 5). In order to assess the overall nutritional need in the sample, the number of persons who displayed at least one nutritional

deficit as indicated by these questions was calculated. Ten percent of those sampled displayed at least one such deficit.

Several questions addressed participation in meals programs. Approximately 3% of those sampled participated in a program in which meals are delivered to the home, and 8% participated in meals programs at neighborhood centers, churches, etc. The majority of those not participating felt that they simply did not need this kind of service (75-80%) although small percentages did not know about the programs (6%), did not find them appealing (5%), did not have them available (3-5%), or had transportation difficulties.

Social Participation

A substantial proportion of those sampled (approximately 37%) participated in various types of organized social or recreational programs and clubs. Several questions investigated social contact with relatives, friends, and neighbors. Sixty-four percent of those sampled stated that they see or talk to a relative daily and 51% stated that they see or talk to a person outside their family daily. Ten percent of those sampled stated that they had not seen or talked to any relatives in the past three days, 12% had not seen or talked to any close friends in the past three days, and 11% had not seen or talked to a neighbor or acquaintance in the past three days. By combining these three questions regarding relatives, close friends, and neighbors or acquaintances, we were able to ascertain that only 0.5% of the sample (2 persons) had not seen or talked to any such persons within the three days preceding the interview. Thus 99.5% of those sampled had at least one social contact (with a relative, close friend, or neighbor/

acquaintance) within the three days prior to the interview. Ninety-four percent of those sampled had at least two such contacts, and 74% had at least three such contacts.

Three questions investigated (self-perceived) satisfaction with respondents' level of social interaction: Do you participate in social or recreational programs as often as you would like; Do you participate in as many clubs or social activities specifically for senior citizens as you would like; Do you see or talk to people as often as you would like? Nineteen percent, 35%, and 24% (respectively) indicated dissatisfaction with their level of social participation in response to these questions. In order to assess the overall dissatisfaction with levels of social participation within the sample, the number of persons who expressed dissatisfaction on at least one of these questions was calculated. As Table 2 indicates, 49% of those sampled expressed such dissatisfaction. However, many of those persons stated that they were simply too busy to do more than they now do.

Life Satisfaction

The Life Satisfaction Index used in the Temple University Study of Mature People (1974, See also Lawton, 1975) was included in the present questionnaire. Overall, life satisfaction scores in our sample were quite good, with the average level of response solidly toward the positive end of the scale. Four factors appeared to be particularly predictive of high life satisfaction: self perceived good health (r=.50), self perceived financial adequacy (r=.38), feeling safe in one's neighborhood (r=.36), and seeing or talking to people as often as desired (r=.34).

Interest in Special Services

Several questions investigated interest in services not currently available to most older persons in the Charlotte Area. Fifty-six percent of those sampled displayed interest in a service that would provide a person to look after them if they needed it. This type of service received interest (over 50%) among all age groups, in all geographical areas, and across poverty levels. Many persons (30% of those sampled) also expressed interest in a small repair service. Such a service was especially popular among those persons in the 65-74 year age group. Finally, respondents were asked if they would want a service in which volunteers phoned older persons regularly to check on how things are. Thirty-five percent of those sampled indicated that they would want this service if it were available.

Discussion

A substantial proportion of those sampled expressed at least some degree of need in each of the six major need areas investigated. Needs for better transportation, better information referral, and freedom from fear of crime seem to be particularly prominent. Four factors were especially predictive of high life satisfaction: self-perceived good health, self-perceived financial adequacy, feeling safe in one's neighborhood, and seeing or talking to people as often as desired.

These findings are similar to those of other needs assessments of older persons. For example, the Kentucky Elderly Needs Assessment Survey (Schulte, Brockway, & Murrell, 1978), even though it was in some ways quite different from the Charlotte survey, produced remarkably similar

results. The Kentucky Elderly Needs Assessment was a "comprehensive, state-wide survey of the needs of Kentucky's elderly," based on 570 personal interviews and 1500 telephone interviews with older persons across the state. The Charlotte survey, of course, investigated only the needs of elderly persons in the Charlotte Metropolitan area. Nevertheless, the similarity in findings was striking.

Perhaps least surprising was the finding that, in both studies, life satisfaction (although measured with different instruments) was related to health and income. These factors have repeatedly been found to be highly correlated (Larson, 1978).

Both surveys found transportation to be a major problem for the elderly persons sampled. Approximately 20% of the Kentucky sample and 29% of the Charlotte sample evidenced transportation needs. Physical health was also considered an important issue by older persons in both samples. Older persons in the Kentucky sample considered it the single most important issue they faced, and almost 40% of the Charlotte sample expressed dissatisfaction with their health. Older persons in Kentucky expressed somewhat greater difficulty in getting medical services (25%), however, than did persons in Charlotte (about 19%, see Tables 1 and 2).

In spite of the fact that older persons were not excessively victimized by crime, both surveys found significant fear of crime among the elderly persons sampled, with the greatest fear occurring at night. Nevertheless, both surveys found that the vast majority of older persons liked their neighborhoods and did not desire a new place to live. However, a smaller

percentage of older persons in Charlotte owned their own homes (66%) than in the Kentucky survey (80%).

The Kentucky data indicated that most older persons "thought" they had a good diet although many (25%) reported skipping meals and/or avoiding important food groups. The Charlotte data indicated that the overwhelming majority of persons (97%) felt that they had enough to eat and had met minimal nutritional standards (basic food groups at least once per week, 90%). However, the Charlotte data also indicated that many older persons do sometimes skip meals or fail to eat a balanced diet every day (Table 5, data in brackets).

Finally, substantial numbers of persons in both studies (37% in the Kentucky study, 49% in the Charlotte study) desired to get together with people more often than they are currently able to. However both studies found that most elderly persons sampled were not socially isolated. Forty-seven percent of those in the Kentucky study talked in person with neighbors and friends at least once a day; 51% of those in the Charlotte study did so. In addition, 44% of those in the Kentucky study talked in person with a family member at least once a day, while 64% of those in the Charlotte study did so.

In summary, the Charlotte Needs Assessment produced evidence of particularly substantial need in the areas of transportation, information referral, and health. Significant need was also expressed in the areas of fear of crime, need for social participation, and nutrition. These findings were consistent with those of other needs assessments, particularly the Kentucky Elderly Needs Assessment (Schulte, Brockway, & Murrell, 1978).

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Table 1

Questions Addressing Health Related Needs and

Percent of Sample Expressing Need

	Percent Expressing Need
Do you feel that you need or should have any of the following aids listed below (e.g., walker, wheel-chair)?	6%
Have you been unable to obtain nursing care when you felt you needed it?	4%
Have you been unable to obtain any of the following services when you felt you needed them (e.g., home health aid)?	2%
Have you ever been unable to obtain someone to look after you when you felt you needed someone?	4%
Have you had any trouble getting to see a doctor when you have needed one?	3%
Do you feel that you need any medical care or treatment beyond what you are receiving at this time?	8%
Have you ever been unable to obtain counseling when you thought you needed it?	2%

Table 2

Persons Expressing at Least One Need in Areas Surveyed

	% Expressing Need			
	Of Total Sample (n=388)	Of Ages 60-64 (n=85)	Of Ages 65-74 (n=186)	Of Ages 75+ (n=113)
Health	19%	13%	21%	19%
Activities of Daily Living	15%	13%	12%	23%
Self-Perceived Health	39%	34%	39%	43%
Transportation	29%	11%	31%	37%
Housing (Self-perceived)	12%	12%	12%	12%
Safety/Crime	43%	35%	43%	49%
Information Referral	22%	20%	24%	19%
Broadly Defined	46%	37%	51%	46%
Nutrition	10%	8%	13%	8%
Social Participation (self-perceived)	49%	42%	54%	46%

Table 3

Persons Listing Transportation Problems in Specific Areas

	Percent Expressing Need
Getting to see a doctor	2%
Obtaining someone to look after you	1%
Participating in social/recreational programs	6%
Participating in activities as often as desired	5%
Participating in clubs	4%
Participating in activities for seniors	6%
Seeing or talking to people as often as desired	4%
Spending time at the community center	1%
Participating in a meals program	6%
Doing your own grocery shopping	1%
Getting to the store	4%
Applying for food stamps	1%

Table 4

Persons Expressing Concerns About Crime and Safety

	Percent Expressing Concern
How safe do you feel about going out in this neighborhood during the day? (Very afraid or somewhat afraid)	7%
How safe do you feel about going out in this neighborhood at night? (Veryafraid or somewhat afraid)	35%
How safe do you feel in your house/apartment/room during the day? (Very afraid or somewhat afraid)	1%
How safe do you feel in your house/apartment/room at night? (Very afraid or somewhat afraid)	5%
In the last 2 years, have you had your (house/ apartment/room) robbed or burglarized? (Yes)	7%
In the last 2 years, have you or someone who lives with you been robbed or attached on the street in this neighborhood? (Yes)	8%
Have you or any member of your household been a victim of crime during this year? (Yes)	5%

Table 5

Persons with Nutritional Needs

	Percent Expressing Need	
During the past year, have you or anyone in your household not gotten enough tc eat? (Yes)	3%	
During the last week, how often did you eat a full, hot main meal? 3 days or less [less than every day]	4%	[6%]
During the last week, how often did you eat meat, fish, or poultry? not at all [less than every day]	1%	[18%]
During the last week, how often did you eat green or yellow vegetables? not at all [less than every day]	1%	[20%]
During the last week, how often did you eat fruit or drink fruit juice? not at all [less than every day]	5%	[17%]
During the last week, how often did you eat dairy products (milk, cheese, eggs)? not at all [less than every day]	2%	[14%]